

## TEXAS DEPARTMENT OF LICENSING AND REGULATION

Education & Examination Division
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## APPLICATION FOR THE TEXAS COSMETOLOGY EXAMINATION DEVELOPMENT COMMITTEE

APPLICA PLEASE PRINT	ATION FOR THE TEXAS COS	WEIOLOGY	CXAMINA	ION DEVELOPME	NI C	OMMITTEE
Applicant Name			Business Name			
Business Address			Email Address			
City, State & Zip			Business Phone		Alt#	
List All Cosmetology Related Licenses/Certificates		State/Date Licensed		Years Held	Active/Inactive	
a.						
b.						
C.						
List Any Other Certif	ications, Contributions, or Other Qualifications	You Want TDLR	co Consider: (You M	IAY SUBMIT AN ATTACHMENT TO YOUR A	APPLICATIO	DN, AS NEEDED.)
Do You Now or Have You Ever Taught a Cosmetology Exam Prep Class? (You may submit an attachment to your application, as needed.)						Yes No
List Class Titles and	Dates:					
carries an obligation and ballots. I agree	exas Cosmetology Examination Developme to regularly attend meetings, actively partic to abide by the rules and policies of the Tex on this application, including change in emp	cipate in the general xas Department	eration of exam co	ontent, and to timely addres	ss assig	gned tasks, draft reports
attempting to obtain assist individuals in the examination con	vice on this Committee I agree to maintain the information concerning the examination concerning the preparation for the cosmetology examinatent. Your contribution to the development is Department of Licensing and Regulation.	tent developed bation. However, I and validation o	y this Committee. shall uphold and of examination qu	I may participate in semina abide by the confidentiality estions and other written o	r course copyrig	es, program or activity t ht materials contained i
I hereby attest that a	Il the information provided in this application	for Texas Comm	ittee appointment	is true and accurate.		
Signature				Date		